

**California Department of Mental Health  
State Quality Improvement Council (SQIC)**

**Final Meeting Minutes for June 29, 2006**

**Co-Chairs:** Penny Knapp, M.D., Carol Hood, Mike Borunda

**DMH Staff:** Stephanie Oprendeck, Maureen Price

**Members Present:** Ann Arneill-Py, Martie Drinan, Liz Freitas, Rachel Guerrero, Karen Hart, Fred Hawley, Rollin Ives, Steve Leoni, Maria Maceira-Lessley, Jay Mahler, Rita McCabe, Joyce Ott-Havener, Mark Refowitz, Sharon Saul, Daphne Shaw, Ed Walker. Uma Zykovsky

**Members Absent:** Carolyn Cooper, Jack Joiner

**Others Present:** Daniel Brzovic, Jean Campbell, Candace Cross-Drew, Tracy Herbert, Marti, Johnson, John Lessley, Rita McCabe

**I Welcome, Introductions, Agenda Review, Minutes Review**

Committee members and members of the audience introduced themselves.

The agenda was reviewed and approved.

The minutes from the March 30, 2006 meeting were approved without changes.

**II Department of Mental Health (DMH) Staff Reports:**

Mental Health Services Act:

Carol Hood reported on MHSA changes at DMH:

A new division has been created to coordinate the various aspects of the Mental Health Services Act (MHSA). Carol Hood is leading the new division and therefore, she will no longer be co-chairing the SQIC. The new division includes the following MHSA functions: Prevention and Early Intervention, Education and Training, MHSA-related Housing Initiatives, development of MHSA Regulations, Capital Facilities and Technology. Implementation of the MHSA is staying in the Systems of Care Division.

Thirty MHSA Community Services and Support (CSS) Plans have been approved, out of a total of 45 submissions. Many of the counties who have not yet submitted plans are small counties. Some of the small counties are having a difficult time developing a plan that will meet the CSS requirements.

Emily Nahat has been hired as the Chief of Prevention and Early Intervention.

#### Medi-Cal:

Rita McCabe reported on the status of the Medi-Cal Waiver renewal application process. The current Medi-Cal waiver expires March 1, 2007. The final waiver renewal package is due to the Center for Medicaid Services (CMS) on December 1, 2006. Content areas of the current waiver application have changed to increase the focus on quality, oversight and monitoring, while the cost section has less emphasis. In response to questions, Rita provided background on the California Medi-Cal waiver which allowed counties and other local jurisdictions to develop Specialty Mental Health Plans that provide mental health services to Medi-Cal recipients.

Rita also responded to questions regarding the impact of the Katie A. lawsuit. (This lawsuit has to do with the provision of Medi-Cal mental health services to foster youth). It could potentially affect the scope of services and access to services.

Additionally, the members discussed the new requirements that will soon go into effect regarding the need for specific types of identification when applying for Medi-Cal. Rita reported that CMS is going to issue a clarification on these identification requirements. One committee member noted that there is national frustration and concern over the new requirements, including concern from national advocacy groups. The new MediCal identification process has the potential to also affect foster children who often do not have identification documentation which is necessary to establish Medi-Cal eligibility. It was suggested that this issue is one that the SQIC may want to follow closely since it relates to access to services.

### **III SQIC and the Medi-Cal Renewal Process**

The SQIC has five sections it must submit for the Waiver Renewal. The majority of the meeting was spent obtaining feedback from attendees about the five sections, most specifically about obtaining feedback for what items should be included in the waiver renewal application for the 2007-09 time period.

### Waiver Renewal Section: SQIC Performance Measures ;

Stephanie Oprendeck reported on the current framework for performance measures. There was then discussion on the outcomes of a SQIC workgroup that completed a significant amount of work in 2004 on how to tailor the information from the Institute of Medicine's (IOM): Crossing the Quality Chasm Report to mental health. The product from that workgroup was adopted and includes three overarching principals as well as the IOM Rules and Aims applicable to mental health. Members acknowledged their interest in utilizing that product in all quality improvement efforts developed by the SQIC in the future.

A member expressed concern about the overlap between SQIC and the Performance Measurement Advisory Committee (PMAC) which led to a discussion of the mission of SQIC. Several members suggested that SQIC is a standard setting body while PMAC is a measurement, methods and data group.

Action Item: Discuss and define the quality improvement process and clarify the SQIC mission including the SQIC's relationship to the PMAC , the Mental Health Planning Council, and the Mental Health Services Oversight and Accountability Commission.

### Waiver Renewal Section: Focused Studies

Previously, the SQIC's Community Mental Health Services Work Group took on the task of completing a focused study on Timeliness of Outpatient Services. The Timeliness Study had three parts, but only two have been completed. The data used in the report was from 2000 and 2001. One member noted that the findings from the timeliness study indicated that the system functioned better than was predicted. It was suggested that this information should be shared even though it is slightly dated.

Action Item: DMH Staff will distribute the Timeliness of Outpatient Services Report in its current draft form to Council Members.

It was suggested that SQIC may carry out additional specialized studies to complement and enhance studies done by other quality related groups such as those done by the External Quality Review Organization. Also, Council members indicated they would like to see the finished products from other groups such as the External Quality Review Organization, Cultural Competency Advisory Committee, Planning Council, etc. so that they can stay informed of other groups' accomplishments.

Further, Council participants developed a list of topics for possible focused studies to be conducted over the next few years, including:

- Identification of populations that are un-served and underserved in the counties and how to get services to these populations.
- Incorporation of Mental Health Services Act (MHSA) data in future studies.
- Measurement of consumer and family involvement in services.
- Measurement of patient centeredness in services.
- Determination of disparities in access to Full Service Partnerships.
- Transition Age Youth – use and effectiveness of services; services retention.
- Over-utilization of IMD and Board and Care Homes.
- Study of the effectiveness of treatment services.
- Study diversion from acute and crisis services and related reduced hospitalization.
- Study access to physical healthcare for Medi-Cal eligible consumers.
- Study how disparity rates are tied to other factors.
- Study whether or not services are comprehensive and inclusive.

#### Waiver Renewal Section: Measurement of Disparities

Stephanie Oprendeck noted that the Medi-Cal Waiver requires that DMH look at disparities. Several members thought that identifying ethnic disparities in accessing mental health care was also a timely topic for a special study. This prompted a lengthy discussion of how such disparities might be studied, including use of benchmark studies, existing data at DMH and elsewhere. It was suggested that SQIC should use the same methods across counties to collect data.

There were several suggestions that federal census data be used to supplement a study of disparities. One member noted that data on ethnic disparities was presented in most CSS plans so a study could make use of county analyses provided in those plans.

It was suggested that examining prevalence rates might help with the shortcomings of Medi-Cal based data. Stephanie noted that a lot of data is available at DMH and that one of her goals is to share with the SQIC how the data could be utilized for quality improvement efforts. There was a suggestion that DMH present information to the SQIC about the current types of available data. Also, that DMH encourage the use of similar data

sources across the various quality related groups. It was recommended that the State use what was submitted in the MHSA Community Services and Supports plans regarding disparities and come up with a more elaborate plan for obtaining information within the next 3 years.

Action Item: In 2006, DMH will provide the SQIC with a summary of data from the 2004-05 Medi-Cal and CSI databases regarding services provided to consumers. The data can then also be used as a baseline for future studies.

Waiver Renewal Section: Latino Access Study:

Rachel noted that there is \$100,000 available in 2006-07 for a study of disparities. Those funds will be used per the motion at the 3-30-06 SQIC meeting to study access issues for Asian/Pacific Islanders, Native Americans as well as for Latinos.

Additionally, in FY 2006/2007, the DMH will ask the Mental Health Plans (MHPs) to:

1. Submit a copy of their Latino Access Study (LAS) to the Office of Multicultural Services
2. Submit additional information including:
  - a. A description of the LAS completed or an update on current LAS efforts.
  - b. The results of completed LAS's.
  - c. The changes in MHPs that were made, if any, as a result of the LAS; the changes being planned or changes that MHP's considered making.
  - d. Feedback to DMH on the LAS requirement regarding its benefit or challenges.

#### **IV Public Comment:**

One person discussed the difficulty in meeting the needs of the uninsured when the system struggles even to meet the needs of the Medi-Cal population. Another individual suggested that we include services for the unserved and underserved transitioning out of board and care homes, especially transition age youth. He would like to see some standards set in relation to this.

#### **V Description of SQIC**

A draft of the SQIC mission statement was reviewed and discussed.

There was consensus that a mission statement is usually broad and short, while a vision statement is more detailed. There is agreement that the SQIC mission statement needs to be updated.

A small workgroup consisting of Martie Drinan, Joyce Ott-Havener, Ann Arneill-Py, Steve Leoni, Daphne Shaw, Penny Knapp, and Karen Hart volunteered to re-draft a mission statement.

## **VI Evaluation of the Meeting**

Members requested that meeting materials be mailed well in advance of the actual meeting.

The council identified that they did fairly well at staying on task.

The role of the EQRO with respect to the SQIC was discussed. It was suggested that representatives of the EQRO should be invited to make a presentation on their activities and findings, and should be invited to attend meetings as a part of the public community.

A member raised a point of order: The previous minutes did not mention including External Quality Review Organization (EQRO) members as new members for SQIC. (However, in reviewing the March 30, 2006 minutes after the meeting, a reference to including EQRO members as part of the SQIC can be found on the last page).

The next meeting is scheduled for October 5, 2006, in Sacramento.